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7990

09/08/2003

DAVID B COCHRAN ESQ
JONES DAY REAVIS & POGUE
NORTH POINT
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CLEVELAND, OH 44114

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Debra L. Pejeau

(Depositor's name)

(Signature)

September , 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/401,868	09/23/1999	BARRY J. GILHULY	555255012109	5258

TITLE OF INVENTION: SYSTEM AND METHOD FOR PUSHING INFORMATION FROM A HOST SYSTEM TO A MOBILE DATA COMMUNICATION DEVICE
SYSTEM AND METHOD FOR TRANSMITTING MESSAGES ORIGINATING FROM A WIRELESS DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXXXXX NO	XXXX \$1300	\$0	x365x \$1300	12/08/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
EDELMAN, BRADLEY E	2153	709-249000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Jones Day

2 Krishna K. Pathiyal, E

3 Charles B. Meyer

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Research In Motion Limited

Waterloo, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501432 (Ref 555255012109) (enclose an extra copy of this form).

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